the same of the sa		PART B	- FEE(S) TRA	ANSMITTAL				
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32172 75	CE ADDRESS (Note: Use Block 1 for		Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.					
1177 AVENUE OI 41 ST FL.	APIRO MORIN & C F THE AMERICAS (6							
NEW YORK, NY	10036-2714			(Depositor's name)				
				(Signature) (Date)				
APPLICATION NO.	FILING DATE		FIRST NAMED INVE	ENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.		
10/757,591	01/15/2004		Takatoshi Kat	0	M1071.1880/P1880	4910		
TITLE OF INVENTION: H	IIGH-FREQUENCY OSCIL	LATION APPARA	ATUS, RADIO API	PARATUS, AND KADA	AK			
APPLN. TYPE	SMALL ENTITY	ISSUE FE	E I	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE		
nonprovisional	NO	\$1400		\$300	\$1700	07/11/2006		
EXAMINER		ART UNIT		CLASS-SUBCLASS	J			
	OR, JOHN B	3662		342-175000				
CFR 1.363). Change of correspond Address form PTO/SB/1.	e address or indication of "Formula and a second a	Correspondence	(1) the names of or agents OR, also (2) the name of registered attorn	a single firm (having as ey or agent) and the nan nt attorneys or agents. If	a member a 2 nes of up to	n, Shapiro, Morin & Oshinsk		
PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGN Murata M	n 37 CFR 3.11. Completion	elow, no assignee of of this form is NOT	data will appear on a substitute for file (B) RESIDENCE:	the patent. If an assigning an assignment. (CITY and STATE OR	country) Corporation or other private gr	c n		
4a. The following fee(s) are Lissue Fee	enclosed:	4b.	Payment of Fee(s) A check in the	: amount of the fee(s) is end that card. Form PTO-203 hereby authorized by char	8 is attached. arge the required fee(s), or cre	dit any overpayment, to a copy of this form).		
_ ` ` ` `	(from status indicated above MALL ENTITY status. See			<u> </u>	ALL ENTITY status. See 37 C			
• •					ly paid issue fee to the applications and its start of the start of th			
Authorized Signature	Thehard	Lali	Qua	Date	Sade ABEALLIES COUNTY	DE (19757591		
Typed or printed name _	Kichard	La Cal	1a	01 FC Regis tra idic		1499.00 OP 399.00 OP		

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Fees pursuant to the	Complete if Known												
FEE TR	Application Number 10/757,591			Conf. #4910									
	Filing Date		January 15, 2004										
Fo	First Named Inv	entor	Takatoshi Kato										
	\dashv	Examiner Name J. B. Soto			or								
Applicant claims sr	mall entity status.	See 37 CFR 1.27	<u> </u>	Art Unit	3662								
TOTAL AMOUNT OF P	AYMENT	(\$) 1,730.0	0	Attorney Docket No. M1071.1880									
METHOD OF PAYMENT (check all that apply)													
Check X Credit Card Money Order None Other (please identify):													
Deposit Account Deposit Account Number: 50-2215 Deposit Account Name: Dickstein Shapiro LLP													
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)													
X Charge fee													
Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17													
FEE CALCULATION	 			n filing or may	be subje	ct to a surcha	rge.)						
1. BASIC FILING, SEAR					=><								
Application Type	FILIN Fee (\$)	G FEES Small Entity Fee (\$)	SEA Fee (\$)	RCH FEES Small Entity Fee (\$)	EXAMIN	IATION FEES Small Entity Fee (\$)	Foos	Paid (\$)					
Utility	300	150	500	250	200	100	1000	<u>ι αια (ψη</u>					
Design	200	100	100	50	130	65							
Plant	200	100	300	150	160	80							
Reissue	300	150	500	250	600	300							
Provisional	200	100	0	0	0	0							
2. EXCESS CLAIM FEE			ŭ	· ·	•	-		Small Entity					
Fee Description							Fee (\$)	Fee (\$)					
Each claim over 20 (incl		50	25										
Each independent claim	-	ng Reissues)					200 360	100 180					
Multiple dependent clair		(A)	F D		8.4	ultinla Dananda							
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HP = highest numer of total of					<u> </u>	<u> </u>	cc i dia (
Indep. Claims Ext	tra Claims	Fee (\$)	Fee P	ai <u>d (\$)</u>									
3 -3 = HP = highest numer of indep	X	for if greater than	3										
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3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).													
Total Sheets	Extra Sheets	Number o	f each ac	Iditional 50 or frac			<u>Fee</u>	Paid (\$)					
- 100 = 4. OTHER FEE(S)		/50		(round up to a who	ole number)	× =	Fees	Paid (\$)					
	eation \$130 fe	e (no small ent	ity disco	unt)			1 663	r aru (ψ)					
Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): 1501 Utility issue fee 1,400.00													
1504 Publication fee for early, voluntary, or nom 8001 Printed copy of patent w/o color							300.00						
	80	001 Printed co	ppy of p	atent w/o color	•		3	0.00					
SUBMITTED BY		DI											
Signature	ehand,	dalou	10	Registration No. (Attorney/Agent)	41,135	Telephone	(212) 27						
Name (Print/Type) Richar	d LaCava					Date	July 7,	2006					